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ABSTRACT

This paper discusses some of the issues involved in determining policies and standards for day care services for children. The paper raises questions concerning both the definition of quality child care and the problems involved in implementing quality standards at the level of policy formation and in the centers and day care homes themselves. Research has demonstrated the possible detrimental effects of poor quality institutionalization and of maternal deprivation. Other research has demonstrated children's general resiliency. This research has led to questions of appropriate age groups for day care, of suitable curriculum, and of suitable program structures. It is suggested that present licensing standards, which vary from state to state, are based more on intuition than on research evidence. The paper also suggests that child advocate groups organize and disseminate information on child development and child care to the public who will in turn influence legislation through community support. Because of the increasing costs of day care, legislation will be important for establishing child care subsidies as well as for determining program standards. In addition to these concerns, issues relating to the monitoring of programs through inspection are also discussed. Issues involved in balancing the need for standards with the problems of program costs are emphasized. (ED)

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ISSUES INVOLVED IN DIFFERENTIATING THEORY, PRACTICE AND GAPS: A DEVELOPMENTALIST'S POINT OF VIEW

Session: The Perils of Licensing--The Gap Between Theory and Practice

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We are all here because we are concerned about children in substitute care during the day and are involved with the monitoring of that care. I will attempt to deal with some of the issues involved in differentiating what is good, adequate care to children, and what is not. Related to this topic are other issues -- can we determine what is good care (or even minimal care), and how do we go about applying this information, first at a policy formation level, and secondly, in the homes and centers that are responsible for the actual care of the children. I have become increasingly aware at recent conferences on day care licensing that the emphasis has shifted from the care of children to administrative considerations surrounding day care licensing. I would therefore like to focus my comments on the area I think ought to be crucial, the impact of policy on the actual care of the children.

Much of what we (by we I mean developmental theorists ranging in profession from physicians, psychologists, social workers and human ecology child development experts) know about substitute care and our concerns for it come from information about what developmentalists call maternal deprivation syndrome and the effects of institutionalization on young children. This is usually characterized by only minimal interaction with caregivers and sometimes not even that -- such as simply meeting children's nutritional and physical needs and leaving them unattended in an otherwise unorganized social and sensory environment. In the 40's when this was first identified, mother's were thought to be the only appropriate caregivers. Foundling homes and orphanages were the worst offenders due to high staff ratios, low level training or concern, and the widespread belief that children would develop normally if "minimal" physical needs were met. Harlow's research with monkeys, plus many other people's research with institutionalized children have shown that this is very clearly not the case -- children need close social and emotional contact with a fairly continuous caregiver to develop adequate speech, normal social attachment, good peer relations, normal exploration and curiosity, and fully developed cognitive capacity.

For the most part, day care has been vindicated of our worst fears that these conditions would be reproduced in children left in substitute care while their mothers and fathers worked. In fact, in some circumstances, children have probably been removed from less healthy environments for a portion of the day which might be seen as a form of social intervention. There are a growing number of agencies involved in working with child abuse that see daily intervention, in conjunction with parental counseling as a means of dealing with this problem.

One fact that comes up repeatedly in child research is that children, far from being the susceptible beings we sometimes fear they are, are very resilient creatures. Data from Caldwell's laboratory (1970) as well as Fitzgerald (personal communication, 1972) indicate that kids develop strong attachments to their mothers even though they may be separated from them on a daily basis for a good portion of their waking hours. The other primary caregiver -- the day care worker or home mother -- also becomes a fairly important individual in the child's life. It is therefore important for there to be enough continuity in the interaction between the child and one or two caregivers to develop a special relationship. These results, however, have been primarily found in well controlled, University Child Laboratories and carefully selected private centers and homes.

Another area of growing concern -- probably more among operators and parents than among child development experts -- is the area of programming and curriculum to meet children's needs. Many of us would probably say less is better, meaning by this the things that immediately come into people's minds by "program" are usually inappropriate for most preschoolers in regular care. For instance, there are many skills children acquire in a normal home through experience -- coloring and learning about colors, their names, combinations, parts of the body, tastes and textures, experimenting with scissors (sometimes disastrously), and water play. These are things that a curriculum would need to program for -- simply to make sure that the

children have the experience. What we sometimes end up with is Program with a capital P -- a curriculum that is so rigid that other, equally important experiences for self exploration and peer interaction are deemphasized in the rush to develop and structure these activities. Even worse for the children, frequently people implementing Programs do not understand that children mature and that there are minimal levels of maturation necessary before they are capable of performing some activities. Forced early into an acitivity they are not capable of performing -- or introduced too quickly to something they are only just capable of handling -- can begin the experience of failure at an early age. These are all too frequently the kids that can least afford this experience; ones for whom the experience of coming to a school-like situation and "competing" with kids of other ethnic groups, SES, age, or developmental levels may be a "failure setting" in and of itself. Very structured programs are much more likely to produce this than more flexible, open environments; this is at least partially true because of the direct feedback involved in the situation. For instance, one either does or does not color within the lines, or know how to write one's name. Ironically enough, parents are probably the biggest force in demanding more structured programs and underestimating the social environment. In two separate studies at different times and cities, Wilner (1968) and Fink (1974) have both found mothers interviewed to be more in favor of day care centers because they felt centers begin educational training earlier, and these skills will be beneficial to their children in school later. Most were from low SES levels, desiring better things for their children. They were zeroing in on the institution that they felt differentiated between success and failure in life -- the school. (The appropriateness of school behaviors is a whole other discussion or diatribe I will save for another time).

Elizabeth Prescott, on the other hand, has found that in terms of time spent in actual activity versus transition time and whether the activity was initiated and terminated by external variables or the children are influenced by the setting

the child is placed in. She characterized environments as 1) closed centers, 2) open centers, 3) day care homes, and 4) nursery-home environments where children spent one half day at Nursery school and half at home. She found that nursery-home and day care home children spent less time in transition and had more child initiated activity than open or closed centers. Open centers were better than closed ones on these dimensions, however.

Further support for environmental differences comes from a recently published study on child care in Sweden (Cochran, 1977). While there were few differences found between day care home, day care center and home raised children, one variable that differentiated homes and centers was the amount and quality of active speech. The home reared children spent more time in exploratory type activities as well. These are important behaviors for us to consider, since exploratory behavior and curiosity and speech production are far more predictive behaviors of competence in cognitive and social skills than writing one's name, or tieing one's shoes at 3 or 4.

These are just a few of the issues involved in determining what most states have attempted to apply as standards of homes and centers for licensing or registration (For a complete discussion of registration, see Proceedings: National Conference on the Registration of Family Homes, San Antonio, 1977). They translate into specific licensing issues - director and staff training requirements, ratios appropriate for different ages, programmatic requirements, health standards, and space requirements, to name just a few. To be honest, we are guessing on many of these. From the institutionalization literature, we were very concerned about maintaining low child-staff ratios, particularly for very young children. Past a certain minimal point however, it may be more important to emphasize the necessity of interaction with the children than the number. The big Abt Multi-city Associates day care study in progress is attempting to manipulate ratio as an experimental variable to test this out. The hypothesis is that child/staff ratio may not

turn out to be as important as some of the other interaction variables. It is still a means of providing a situation in which social interaction can take place. Clearly, one caregiver to 12 or 15 children under a year cannot keep ahead of the diapers and bottles, let alone care for social and emotional needs of the children.

In practice, different states have taken a variety of approaches in trying to implement these concerns. During our discussion period, we hope you will share these with us; what your state is doing -- particularly plans or current policy revisions that we might not know about. Some states, for instance, have decided that the risk to infants of "institutionalization' is too great in day care centers (despite the clear lack of evidence for this -- centers, in fact, may be much better monitored than substandard home care), so have legislated prohibitions against infants and toddlers in center care. Others have written more stringent standards for infant and toddler care. Still others may feel that, aside from ratio and equipment needs, it is up to the parents, operators and the community to decide what is adequate and appropriate.

Assuming that child development specialists and advocates can agree on what is important in the care of young children, our next step is to convince community - meaning parents and operators of these things. This is probably where the biggest "gap" occurs -- the transition of important concepts into useable, measurable standards. These do not have to be statutory standards at this point. These comprise the common sense things that most parents do with most children in their households -- the reason that we have to require that they take place in groups is that in many cases, it is more difficult to carry out "tender loving care" coupled with "exciting activities" if one has not decided how many kids one person can reasonably care for, of what ages, and what we mean operationally by these terms.

For this reason, child advocate groups need to organize and disseminate information. Television spots on talk shows or public affairs ads, for which

most non-profit groups and the licensing agency can qualify might serve this purpose. Library speeches, talks to women's groups, community and church groups (which may reach a wide strata of the population) are good outlets. When there is community support and parental demand for quality day care, we have a better case for legislative action. Many legislators are reluctant to even consider action unless there is considerable community support beforehand. Professional and other advocacy groups need to be involved.

I have just briefly mentioned a very important target population -- legislators. At both the state and national level, these groups of individuals will ultimately have much control over what happens to day care in this country. Good day care is already expensive, and growing more so by the day. Private center and home operators are forced continuously to either raise prices or cut down on the services provided to the children. Frequently, infant care, nutritional quality, additional staff, and equipment quickly go into a budget crunch. This is particularly true as parents become more and more reluctant to pay the $40+ a week that is already common in many large communities. Eventually we will have to have wide-scale subsidy for care of our nation's first resource, our children. In addition, we will continue to need more money to protect the quality of care through direct monitoring in licensing and registration with inspection. (Registration with inspection was the only acceptable option to parents and day care home operators we surveyed in Illinois several years ago -- see Lounsbury and Lounsbury, 1977). This includes funds to hire and train licensing representatives in a manner in which they will perceive and enforce standards in a uniform way (Lounsbury, Lounsbury and Brown, 1976). One of the outcomes of the Illinois Economic and Fiscal Commission's Survey of Day Care in Illinois was the clear need for more licensing representatives, more clerical assistance, and more training in the uniform application of standards (IEFC report, 1974). The state legislature was willing to grant funds for these. The new budget included funds for 23 new staff people, 19 of which were licensing

representatives.

In addition to community support, legislators will be convinced by clear data such as the study just mentioned. Evaluation and planning research can well serve this end, and many licensing agencies are adding effective evaluation units to their staffs to study issues, articulate and test out models, and make recommendations to legislators for statutory changes of additional funds where needed. This may be the most effective means of reaching lesiglators. One perhaps can discount hysterical licensing representatives, over-rought parents, or even operators not making enough of a profit to continue to provide day care service. These, the legislator might reason, may be only an unrepresentative sample of people involved with care of children. Kids really don't need much anyway -- a TV, couple of crayons, and a spot for a nap, and they are on their way. One clear way of overcoming these stereotypes is to provide data on such things as rule violations - stating the rules, and backing up the importance of the standard or rule. If substandard care is clearly shown to be the case and the long term effects are spelled out (not to mention the legal implications), support may be much more quickly forthcoming.

I have raised a couple of important questions -- how to keep costs down and care quality high, and the need for those providing the care to at least break even. We see the potential for conflicting needs. Some large profit operators have been willing to subsidize high costs for some special services, such as infant care, care of handicapped children or multiple children in a family at reduced rates to provide these services to the community. Others have felt that because of the size of their center or home, and the low profit nature of the business, the only way to break even is to cut corners. This may happen to such an extent that the care of the children is impaired from the perspective of the licensing representative and child advocates. An example of this comes from several state's attempts to draft new and tougher standards, frequently considered to be an effective means of upgrading care. Some standards revision attempts have ended up in lengthy court battles over

the states' attempt to mandate what operators feel to be unreasonable levels of required care translated into high standards for child-staff ratio, equipment demands, and nutritional requirements to name just a couple. By raising standards, perhaps, we are driving some small operators under ground, and must consider that with looser standards, we may be able to enforce them and raise the level of care through consultation and education. Exactly who should provide this consultation has been an issue dealt with in more detail elsewhere, but I can say that many parents and operators, while clearly in favor of this service, have suggested that it be a person other than the licensing representative whose role it is to enforce standards rather than upgrade the quality of care provided in the home.

One additional consideration related to this question, however, is what happens when "minimal" is not enough? Like the "olden days" of institutionalized care of children, we may be setting the stage through our "realistic" moves toward deregulation or lower standards for "minimal" to not be sufficient to care optimally for our nation's children. The children may lose out, in the long run if physical minimal care does not turn out to be psychological minimal care. All too frequently, children whose parents choose custodial care may be those not receiving necessary care at home, and have the most to lose.

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